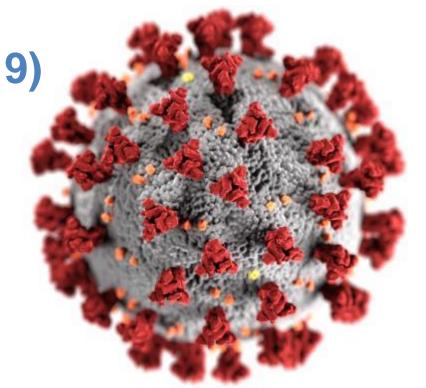
2019 Novel Coronavirus (COVID-19)

South Dakota Department of Health

July 30, 2020







This is an **emerging**, **rapidly evolving situation**. Information in this presentation is current as of July 29, 2020. Please check the South Dakota Department of Health website for the most current information and guidance.

COVID.sd.gov



Agenda

- Situation Update
- Laboratory Guidance
- Infection Prevention
- Community Mitigation
- Supply Chain Management
- On-going Communications
- Q&A Session



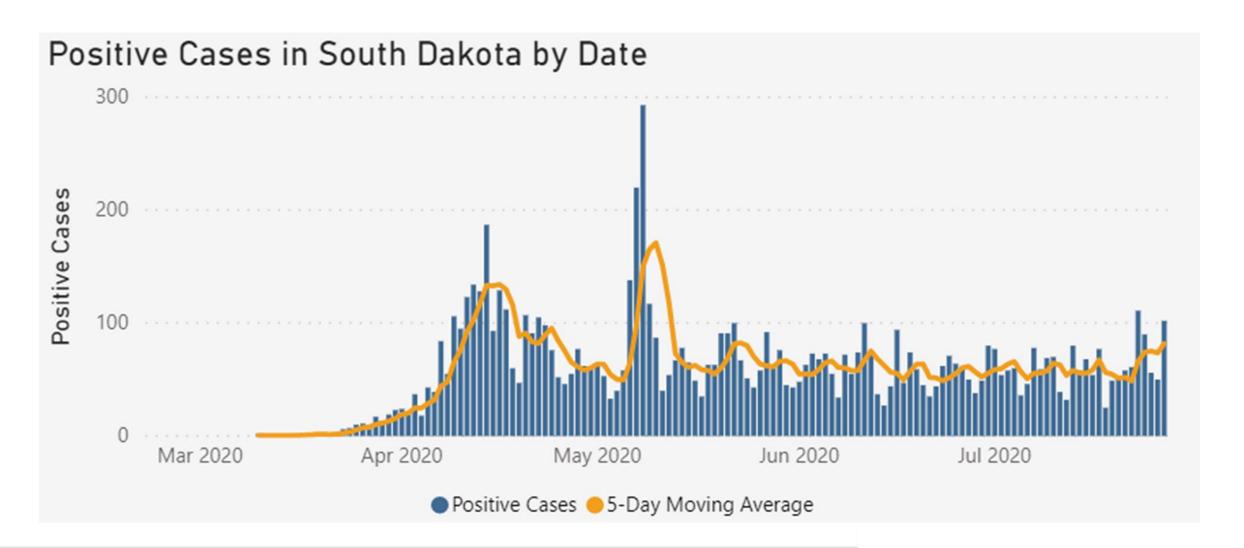
Situation Update

Coronavirus Situation (as of July 29, 2020)

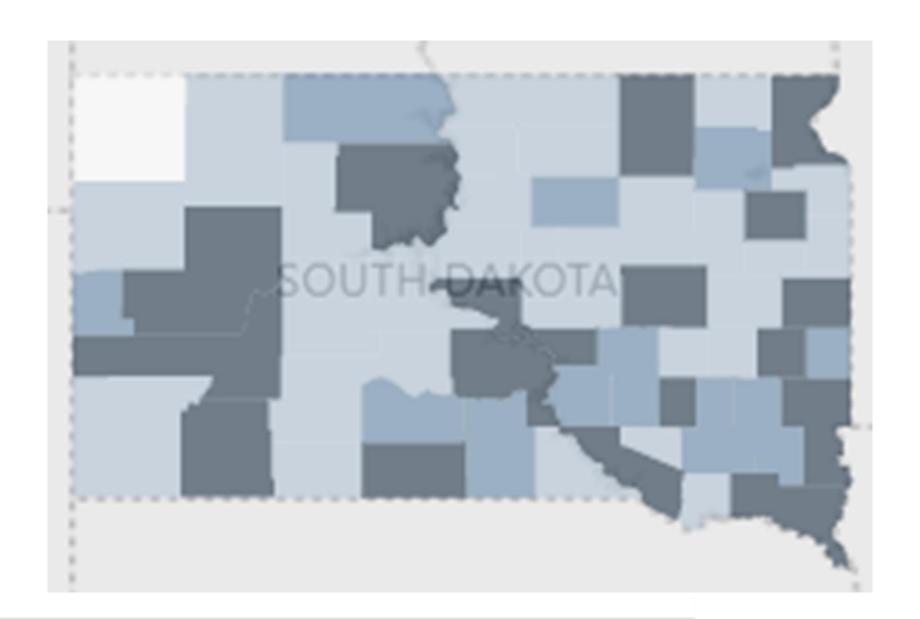
- International
 - 16,558,289 confirmed cases
 - 656,093 deaths
- United States (50 states + DC)
 - 4,339,997 confirmed cases in U.S.
 - 148,866 deaths
- South Dakota
 - 8,641 confirmed cases in South Dakota
 - 129 deaths
 - 7,609 recovered



Epidemiologic "Epi" Curve of COVID-19 Cases, by Onset Date



COVID-19 Cases, by County



General Testing Recommendations

Medical providers are recommended to test individuals with signs and symptoms compatible with COVID-19 infection, including:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html



COVID-19 in SD Children

- Data are as of July 27
- 1,003 cases among 0–19 year olds
 - 322 among 0–9 year olds
 - 737 among 10–19 year olds
- Symptoms present
 - 62% among 0–9 year olds
 - 68% among 10–19 year olds
- Hospitalizations (24 hospitalizations; 46% had a chronic condition)
 - 4% among 0–9 year olds
 - 2% among 10–19 year olds
- Chronic medical conditions present
 - 9% among 0–9 year olds
 - 18% among 10–19 year olds

Chronic medical conditions

Heart, lung, or kidney disease Diabetes

Immunosuppressive condition

Neurologic condition

Smoker, current/former



Methanol in Hand Sanitizer

- Methanol is not an acceptable ingredient for hand sanitizer and must not be used due to its toxic effects
- FDA recall of hand sanitizer products containing methanol
 - First issued June 19
 - Updated and expanded July 2 and July 27
- List of hand sanitizers that FDA advises consumers not to use:
 https://www.fda.gov/drugs/drug-safety-and-availability/fda-updates-hand-sanitizers-methanol#products
- 3 individuals with methanol poisoning have been reported to SD-DOH
 - All 3 hospitalized
 - 1 died



Selected CDC Updates

Available at https://www.cdc.gov/coronavirus/2019-ncov/whats-new-all.html

- Scientific evidence for Conditions that Increase Risk of Severe Disease: https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/evidence-table.html
- Funeral guidance: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/funeral-guidance.html
- Operational considerations for schools: https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/schools.html
- Toolkit for people with disabilities: https://www.cdc.gov/coronavirus/2019-ncov/communication/toolkits/people-with-disabilities.html



Laboratory Guidance

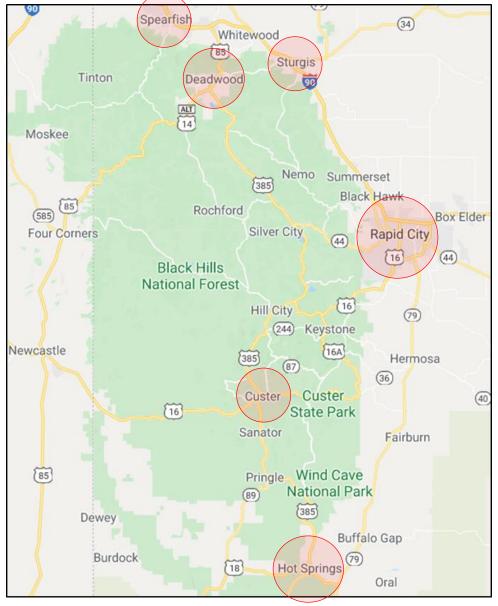
Statewide Priority Populations for SARS-CoV-2 Testing

It is a statewide priority that ALL individuals with symptoms of COVID-19 be tested for SARS-CoV-2 with the recommendation from a health care provider

- Hospitalized individuals
- Healthcare workers, first responders, and active military
- Critical infrastructure workers in food manufacturing and agriculture
- Individuals in communal living settings like long-term care facilities
- Underinsured or uninsured individuals
- Low-income individuals or individuals unable to pay for testing
- Homeless individuals



SARS-CoV-2 Testing Support: Rally 2020



- Abbott ID Now instruments and test kits have been placed throughout the Black Hills
- Locations Include:
- Rapid City
- Sturgis
- Lead/Deadwood
- Spearfish
- Custer
- Hot Springs



SARS-CoV-2 Testing Support: Public Universities and Technical Colleges



- Universities
- Technical Schools
- Black Hills State University
- SD School of Mines and Technology
- The University of South Dakota
- Dakota State University
- South Dakota State University
- Northern State University
- Mitchell Technical College
- Western Dakota Technical Institute
- Lake Area Technical Institute
- Southeast Technical Institute



Long-Term Care Antigen Testing

- HHS will place rapid testing devices in LTC facilities across the country
- Initial placement will be focused on COVID hotspots in the US
- Placement of antigen testing instruments and tests should be completed in the next 8 weeks.
- SDDOH continues to wait for additional information from HHS for placement of antigen testing in South Dakota long-term care facilities
- Antigen testing does not replace the need for sentinel surveillance in South Dakota long-term care facilities
- Sentinel surveillance performed by SDPHL will continue



Long-Term Care Antigen Testing

- Three facilities in South Dakota will receive antigen testing instruments and supplies.
- Facilities will be made aware of shipments directly from the device manufacturers.
- Refer to https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/ to view distribution list and access frequently asked questions.
- Most shipments will occur in the first 3 weeks but may take up to 14 weeks based on supply availability.
- Facilities will follow the device manufacturers' instruction for use



Federal Remdesivir Allocation

- Remdesivir continues to be allocated to South Dakota for purchase by health care facilities
- To purchase remdesivir, health care facilities must:
 - meet the previously established criteria to administer the drug
 - be registered with Amerisourcebergen
 - agree to purchase the drug
- South Dakota will receive 10 cases of remdesivir the week of July 27, and 4 cases the week of August 3.
 - Each case contains enough remdesivir to treat approximately 6 patients
- Questions about the remdesivir allocation and purchase process can be sent to: <u>Bob.Coolidge@state.sd.us</u>

FDA Updates

- Since the beginning of the COVID-19 response, FDA has issued Emergency Use Authorization for the following:
 - 158: In Vitro Diagnostic Products
 - 36: High Complexity Molecular-Based Laboratory Developed Tests
 - 24: Ventilators and Other Medical Devices
 - 19: Personal Protective Equipment and Related Devices
 - 3: Drug Products
- There is significant interested nationwide in at-home tests and saliva tests for SARS-CoV 2.
- FDA recently released a new template for manufacturers of molecular and antigen diagnostic tests for non-laboratory use.
- In the coming weeks, SDDOH will provide an overview of currently available at-home and saliva tests for SARS-CoV-2 as well as a high-level overview of the process for FDA approval of these tests.

Infection Control

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



(CDC

CS 31 5838-C 03/23/2020

cdc.gov/COVID19



Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19

| | Personal Protective Equipment Used | Work Restrictions |
|--|---|---|
| HCP who had prolonged¹ close contact² with a patient, visitor, or HCP with confirmed COVID-19³ | HCP not wearing a respirator or facemask⁴ HCP not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or facemask HCP not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing an aerosol-generating procedure¹ | Exclude from work for 14 days after last exposure⁵ Advise HCP to monitor themselves for fever or symptoms consistent with COVID-19⁶ Any HCP who develop fever or symptoms consistent with COVID-19⁶ should immediately contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |



Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings (Update 07/17/2020)

Summary of Changes to the Guidance

Below are changes to the guidance as of July 17, 2020:

- Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue
 Transmission-Based Precautions.
- For patients with <u>severe to critical illness</u> or who are severely immunocompromised¹, the recommended duration for Transmission-Based Precautions was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised¹ patients, 20 days after their initial positive SARS-CoV-2 diagnostic test).
- · Other symptom-based criteria were modified as follows:
 - Changed from "at least 72 hours" to "at least 24 hours" have passed since last fever without the use of fever-reducing medications.
 - Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19.
- · A summary of current evidence and rationale for these changes is described in a decision memo.



Criteria for Return to Work for Healthcare Personnel with SARS-CoV-2 Infection

(Update 07/17/2020)

Summary of Recent Changes as of July 17, 2020

- Except for rare situations, a test-based strategy is no longer recommended to determine when to allow HCP to return to work.
- For HCP with <u>severe to critical illness</u> or who are severely immunocompromised¹, the recommended duration for work exclusion was extended to 20 days after symptom onset (or, for asymptomatic severely immunocompromised¹ HCP, 20 days after their initial positive SARS-CoV-2 diagnostic test).
- Other symptom-based criteria were modified as follows:
 - Changed from "at least 72 hours" to "at least 24 hours" have passed since last fever without the use of feverreducing medications
 - Changed from "improvement in respiratory symptoms" to "improvement in symptoms" to address expanding list of symptoms associated with COVID-19
- · A summary of current evidence and rationale for these changes is described in a Decision Memo.

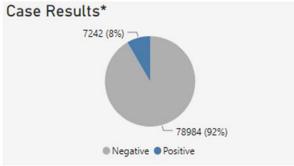


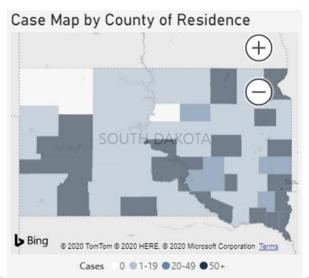
Community Mitigation

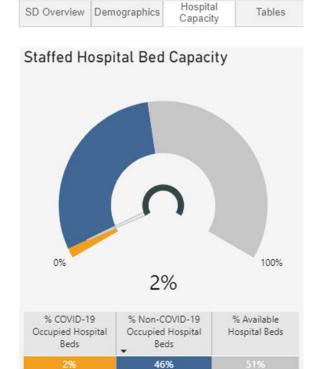


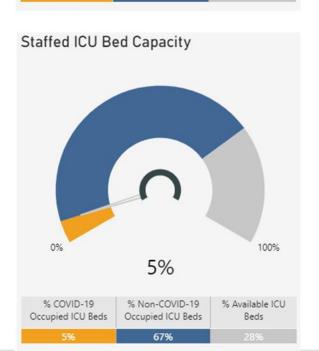
Hospital

Tables

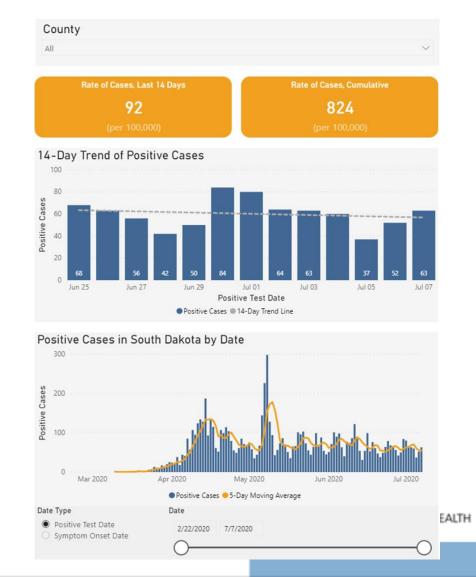








Dashboard



Supply Chain Management

PPE Request Procedure

All requests for PPE from DOH must be:

- Emailed to <u>COVIDResourceRequests@state.sd.us</u>
- Faxed to 605.773.5942, or
- Called in to 605.773.3048 to ensure prioritization and coordination of requests.
- <u>Do not</u> duplicate your request by using all three means of communication.
- Any requests received through any other email or number will all be directed to email <u>COVIDResourceRequests@state.sd.us</u> OR call 605.773.3048 and requesting entities must provide information regarding their current facility status.

On-going Communication

Helpful Information Sources

COVID.sd.gov

coronavirus.gov

SD COVID-19 Help Line: 800-997-2880



Questions about COVID-19? We're here to help.

PLEASE 1-800-997-2880





Communications

- SD-HAN: <u>sdhan.sd.gov</u>
- Epi Listserv
- Lab Listserv
- HAI Listserv
- OLC Listserv

Visit COVID.sd.gov to subscribe

COVID-19 INFORMATION LINE

Questions about COVID-19? We're here to help.

PLEASE 1-800-997-2880





Questions?

COVID Helpline: **800-997-2880**

Epidemiology: **605-773-3737**

Laboratory: 605-773-3368

COVIDSD@state.sd.us

Slides: doh.sd.gov/news/COVID19/Calls.aspx

